FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Reset Form

Effective May 1, 2010, all statements and reports for State PACs and State Packs and State Pac

IA ETHICS AND HIPAIGH DISOLOSURE BD

2015 JAN 20 PM 3: 54

COMMITTEE NAME (Must be same as on Statement of Organization)			
ESSE FOR DES MOINES		FORM	
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retortion Condidate (2) Standing for Retortion Condidate (2) Standing for Retortion Condidate (3) Standing for Retorti	1 1	DR-2 Rev. 12/2009)	DISCLOSURE
Subdivision Candidate (8) County PAC (9) City PAC (10) Shandidate (7) School Board or Other Political			REPORT
	(C	or Office Use On	and an
CANDIDATE COMMITTEES ONLY: Candidate Name Political Parts (if parties to be a constant to	Lo	gged In	
Loren Esse Political Party (if applicable) Democratic	So	anned	
Office Sought		omputer	
- res /loines City Council			
Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7 candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for) and 68A	1.401(3), the can	didate, for a
gpo or committee, is the individual responsible to	or filing tir	nely and accurat	te reports.
Loren 12 515,343,6135		1.20.	1 -
SIGNATURE OF PERSON FILING REPORT - TELEPHONE	***************************************	DATE SIG	
LAMERINGA TOURS 30 2015			
I AM FILING A January 20, 2015 REPORT FOR (1) ELECTION /(1)	2)NON-E	LECTION YEA	R.
	1		
CHECK IF AMENDMENT TO REPORT DATED	cal Comm	nittees, enter Date	of Election
Check if this is final (termination) report and attach Notice of Dissolution Form RD 2			
(Tournds) continue to file reports until a DR-3 is filed.)	ounty & Lo nich Election	cal Committees, on is held	enter County in
STATEMENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on band at the conditions.)		1,-	. 7
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	15.	62
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD			
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CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)			
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CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) SUB-TOTAL SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) Schedule F: Loan Repayments total (Attach Schedule F)	\$	156.	2.50
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CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$ \$		2.50
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CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$\$\$\$	156. 176. 156.	88 2.50 .88
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For Instructions, See Back of Form

Reset Form

SCHEDULE	
A (Rev. 12/13)	MONETARY RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds)

COMMITTEE	NAME (N	lust be same a	s on Statem	ent of Organization,)
じら	SE			MOINES	

J CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR		TO SEE SEE SEE SEEDS	
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	THE PROPERTY OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FUND- RAISER INCOME
01/01/14		Loren Esse	self	\$ 12.99	
02/01/14	ID# CK#	Loren Esse	self	12.99	
03/01/14	ID#	Loren Esse	se/f	12.99	
04/01/14	ID# CK#	Loren Esse	self	12.99	
05/01/14	ID# CK#	Loren Esse	self	12.99	
06/01/14	ID# CK#	Loren Esse	self	12-99	
07/01/14	ID# CK#	Loren Esse	self	12.99	
08/01/14	ID# CK#	Loren Esse	self	12.99	
09/01/14	ID# CK#	Loren Esse	self	12.99	
10/01/14	ID# CK#	Loven Esse	self	12.99	
			SUB-TOTAL	\$ 129.90	

TOTAL (if last page of this schedule) * Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no applicable" in the relationship column. (for Schedule A)

Page familial relationship.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (M	ust be same	as on Stater	ment of Organization)	
ESSE	FOR		MOINES	

SCHEDULE A (Rev. 12/13)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE	L DAG ID NILIMBED			540	
RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FUND- RAISER INCOME
/)	ID#		se/f		I TOOME
11/01/14	CK#	Loren Esse	12.99	\$12.99	
12//	ID#				
12/01/14	CK#	Loren Esse	self	13.99	
	ID#				
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	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL		
			101/12	\$	

TOTAL (if last page of this schedule)

\$ 156.88

Page _ ___ of _ ___ familial relationship,

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no Pa applicable" in the relationship column. (for Schedule A)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

ESSE FOR DES MOINES

	CANDIDATE	1 10/10		
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/01/14		Homestead	website	\$ 12.99
02/01/14		Homestead	website	12.99
03/01/14	A STATE OF THE STA	Hornes tead	website	12,99
04/01/14		Homestead	website	12.99
05/01/14		Home stead	website	12.99
06/01/14	1	Homestead	website	12-99
07/01/14	The state of the s	Homesterd	website	12.99
08/61/14	CK#	Homestead	website	12.99
			CUD TOTAL	*

SUB-TOTAL

\$ 103.92

TOTAL (if last page of this schedule)

\$ 103

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page __ 1 __ of __ Z

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

OMMITTEE NAME (Mus	t be same as on	Statement of Organization
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ESSE FOR DES MOINES

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/01/14	NUMBER ID# CK#	Homestead	website	\$ 12.99
10/01/14	ID# CK#	Homestead	website	12.99
11/01/14	ID# CK#	Homestead	website.	12.99
12/01/14	ID# CK#	Homestead	website	13.99
	ID# CK#			

SUB-TOTAL		Boloss
TOTAL (if last page of this schedule)	\$ 156.88	3

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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